

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.		LOCAL FILE NUMBER		STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)			2. SEX		3. DATE OF DEATH (Month/Day/Year) (Spell Month)		
4. COUNTY OF DEATH		5a. AGE AT LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month/Day/Year)
7a. CITY OR TOWN			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)				
7c. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home Other (Specify):			
8. BIRTHPLACE (City and State or Foreign Country)		9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
13a. RESIDENCE (Street and Number)			13b. APT. NO.	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY	13f. STATE	13g. ZIP CODE	14. FATHER'S NAME (First, Middle, Last)			15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
16a. INFORMANT'S NAME			16b. RELATIONSHIP		16c. MAILING ADDRESS (Street and No., City or Town, State, Zip Code)		
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12 grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associated degree(e.g. AA, AS) <input type="checkbox"/> Bachelor's degree(e.g. BA, AB, BS) <input type="checkbox"/> Master's degree(e.g. MA, MS, MEng, MEd) <input type="checkbox"/> Doctorate(e.g. PhD, EdD) or Professional d <input type="checkbox"/> Unknown		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify:			49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principle tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian(Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander(Specify) <input type="checkbox"/> Other(Specify)		
50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).					51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)		